



575 Broad Hollow Road, Melville, NY 11747
TEL: (631) 694-3040 FAX: (631) 420-8436
www.pacelabs.com

Laboratory Results

Results for the samples and analytes requested
The lab is not directly responsible for the integrity of the sample before receipt at the lab and is responsible only for the certified tests

Sample Information:

Type: Drinking Water
Origin: Raw Well
Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 04/18/2019 09:15 AM Point S-108066

Received : 04/18/2019 12:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

S/U

RUN TO WASTE

Lab No. : 7086478001

Client Sample ID.: S-108066

Analytical Method: SM22 9223B Colilert		Prep Method: SM22 9223B Colilert			Prep Date: 04/18/2019 6:35 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	04/19/2019 12:35	001 SP5T1/1
Total Coliforms	Absent		1		Absent	04/19/2019 12:35	001 SP5T1/1

Qualifiers:

DF - Dilution Factor, if reported, represents the factor applied to the reported data due to changes in sample preparation, dilution of the sample aliquot, or moisture content.

ND - Not Detected at or above adjusted reporting limit.

J - Estimated concentration above the adjusted method detection limit and below the adjusted reporting limit. Estimated value - below calibration range

U - Indicates the compound was analyzed for, but not detected

Result(s) reported meet(s) NYS Regulatory Limit(s).

Result(s) flagged with * Exceed NYS Regulatory Limit(s). Limit Noted.

Date Reported: 04/22/2019

Stu Murrell

Test results meet the requirements of NELAC unless otherwise noted.

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Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 04/18/2019 09:16 AM Point S-108066

Received : 04/18/2019 12:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

1 MIN.

RUN TO WASTE

Lab No. : 7086478002

Client Sample ID.: S-108066

Analytical Method: SM22 9223B Colilert		Prep Method: SM22 9223B Colilert			Prep Date: 04/18/2019 6:35 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	04/19/2019 12:35	002 SP5T1/1
Total Coliforms	Absent		1		Absent	04/19/2019 12:35	002 SP5T1/1

Qualifiers:

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Origin: Raw Well

Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 04/18/2019 09:21 AM Point S-108066

Received : 04/18/2019 12:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

5 MIN.

RUN TO WASTE

Lab No. : 7086478003

Client Sample ID.: S-108066

Analytical Method: SM22 9223B Colilert		Prep Method: SM22 9223B Colilert			Prep Date: 04/18/2019 6:35 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	04/19/2019 12:35	003 SP5T1/1
Total Coliforms	Absent		1		Absent	04/19/2019 12:35	003 SP5T1/1

Qualifiers:

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Origin: Raw Well
Routine

Hampton Bays Water District

P.O. Box 1013

Hampton Bays, NY 11946

Attn To : Rob King

Federal ID : 5103704

Collected : 04/18/2019 09:36 AM Point S-108066

Received : 04/18/2019 12:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

15 MIN.

RUN TO WASTE

Lab No. : 7086478004

Client Sample ID.: S-108066

Analytical Method: SM22 9223B Colilert		Prep Method: SM22 9223B Colilert			Prep Date: 04/18/2019 6:35 PM		
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	04/19/2019 12:35	004 SP5T1/1
Total Coliforms	Absent		1		Absent	04/19/2019 12:35	004 SP5T1/1

Qualifiers:

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Attn To : Rob King

Federal ID : 5103704

Collected : 04/18/2019 10:36 AM Point S-108066

Received : 04/18/2019 12:00 PM Location Well #4-2

Collected By CLIENT

Sample Comments:

1 HR.

RUN TO WASTE

Lab No. : 7086478005

Client Sample ID.: S-108066

Analytical Method: SM22 9223B Colilert			Prep Method: SM22 9223B Colilert			Prep Date: 04/18/2019 6:35 PM	
Parameter(s)	Results	Qualifier	D.F.	Units	Limit	Analyzed:	Container:
E.coli	Absent		1		Absent	04/19/2019 12:35	005 SP5T1/1
Total Coliforms	Absent		1		Absent	04/19/2019 12:35	005 SP5T1/1

Qualifiers:

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WorkOrder :

7086478

Laboratory Certifications

Long Island Certification IDs

575 Broad Hollow Rd, Melville, NY 11747
New York Certification #: 10478 Primary Accrediting Body
New Jersey Certification #: NY158
Pennsylvania Certification #: 68-00350
Connecticut Certification #: PH-0435
Maryland Certification #: 208
Rhode Island Certification #: LAO00340
Massachusetts Certification #: M-NY026
New Hampshire Certification #: 2987

7096178

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Sample Request Form

PUBLIC WATER SUPPLIER

☒ WELL OFF LINE

☐ WELL RUN TO SYSTEM

☐ YES ☐ NO VOC'S PRESERVED WITH HCl

Date:

Collected By:

Accepted By:

Cooler Temp:

Name or Code: HAMPTON BAYS WATER DISTRICT

Address: PO. BOX 1013
HAMPTON BAYS, NEW YORK 11946

Phone #: _____

Attn: _____

Proj. # or (Name): -

Bill To: _____

Copies To

Sample Info:

[illegible]

Remarks:



Sample Condition Upon Receipt

Client Name:

Hampton Bay

Project

WO#: 7086478

PM: SWM Due Date: 05/18/19

CLIENT: HBW

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client ☐ Commercial ☐ Pace ☐ Other

Tracking #:

Custody Seal on Cooler/Box Present: ☐ Yes ☒ No Seals intact: ☐ Yes ☒ No

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☐ Ziploc ☒ None ☐ Other

Thermometer Used: TH091 Correction Factor: 0.0

Cooler Temperature (°C): 4.5 Cooler Temperature Corrected (°C): 4.5

Temp should be above freezing to 6.0°C

USDA Regulated Soil (☒ N/A, water sample)

Date and Initials of person examining contents: 4/18/19 J P

Did samples originate in a quarantine zone within the United States: AL, AR, CA, FL, GA, ID, LA, MS, NC, NM, NY, OK, OR, SC, TN, TX, or VA (check map)? ☐ YES ☒ NO

Did samples originate from a foreign source (internationally, including Hawaii and Puerto Rico)? ☐ Yes ☒ No

If Yes to either question, fill out a Regulated Soil Checklist (F-LI-C-010) and include with SCUR/COC paperwork.

			COMMENTS:
Chain of Custody Present:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1.
Chain of Custody Filled Out:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		2.
Chain of Custody Relinquished:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		3.
Sampler Name & Signature on COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		4.
Samples Arrived within Hold Time:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5.
Short Hold Time Analysis (<72hr):	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6.
Rush Turn Around Time Requested:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7.
Sufficient Volume: (Triple volume provided for MS/MSD)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8.
Correct Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		9.
-Pace Containers Used:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Containers Intact:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10.
Filtered volume received for Dissolved tests	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		11. Note if sediment is visible in the dissolved container.
Sample Labels match COC:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12.
-Includes date/time/ID/Analysis Matrix SL WT OIL			
All containers needing preservation have been checked	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		13. <input type="checkbox"/> HNO ₃ <input type="checkbox"/> H ₂ SO ₄ <input type="checkbox"/> NaOH <input type="checkbox"/> HCl
pH paper Lot #			Sample #
All containers needing preservation are found to be in compliance with EPA recommendation? (HNO ₃ , H ₂ SO ₄ , HCl, NaOH>9 Sulfide, NAOH>12 Cyanide)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Exceptions: VOA, Coliform, TOC/DOC, Oil and Grease, DRO/8015 (water). Per Method, VOA pH is checked after analysis			
Samples checked for dechlorination:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		14. Positive for Res. Chlorine? Y N
KI starch test strips Lot #			
Residual chlorine strips Lot #			
Headspace in VOA Vials (>6mm):	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		15.
Trip Blank Present:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		16.
Trip Blank Custody Seals Present	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Pace Trip Blank Lot # (if applicable):			

Client Notification/ Resolution:

Field Data Required?

Y / N

Person Contacted:

Date/Time:

Comments/ Resolution: